

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 091376 430	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER- 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
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32							82				
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34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

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	AS FILED		AFTER- 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
10 1			1				51				
10 2			1				52				
10 3			1				53				
10 4			1				54				
5							55				
6							56				
7							57				
8							58				
9							59				
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13							63				
14							64				
15							65				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			16				TOTAL IND.				
TOTAL DEP.			48				TOTAL DEP.				
TOTAL CLAIMS			64				TOTAL CLAIMS				